

FRANKFORT, KENTUCKY 40602
(502) 564-3296, EXT. 239

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

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|----|--|------|----------------------------|----------|
| 1. | Name of Sponsoring Organization | | | |
| 2. | Street Address | City | State | Zip Code |
| 3. | Area Code and Telephone Number (Days only) | | | |
| 4. | Name of Person Responsible | | Telephone Number | |
| 5. | Program Title | | # of Clock Hours Requested | |
| 6. | Program Site (Give complete address) | | | |
| | Program Date(s) | | | |

Please attach documentation of the following to this application:

Published course or seminar description;
Names and qualifications (Vita) of the instructor(s);
Copy of the program indicating hours of education;
Coffee and lunch breaks;
Official certificate or college transcript from the sponsoring agency or college.

7. Please be reminded that the Board does not recognize in-service training as continuing education. Therefore, describe in detail the method to be used for disseminating information about your seminar to regional and/or statewide administrators; i.e., direct mail, advertisements, newspapers, newsletters, etc.
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8. Programs requiring Board review and approval should be submitted at least sixty (60) days prior to the beginning date of the program.

Applicant's Signature

Date _____

(Do not write below this line – Board use only)

BOARD REVIEW

Approved

Denied

Board Member: _____ Date: _____

Comments: _____